

AMENDED IN ASSEMBLY MAY 3, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 1671

Introduced by Assembly Members Richman and Nation

February 22, 2005

An act to add Part 1.5 (commencing with Section 437) to Division 1 of the Health and Safety Code, relating to health care programs.

LEGISLATIVE COUNSEL'S DIGEST

AB 1671, as amended, Richman. Cal-Health Act.

Existing law establishes the State Department of Health Services. The department administers certain health care programs, including the Medi-Cal Program.

This bill would enact the Cal-Health Act. The act would require the department to establish an enrollment and retention program to serve as a single point of entry, *but not the exclusive method of enrollment and retention*, for all health care programs offered by the state and local government agencies. The act would require the department to use an electronic enrollment process. ~~The act would authorize the department to use any state government database to identify and locate individuals that may be eligible for, but not enrolled in, health care programs.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Part 1.5 (commencing with Section 437) is
2 added to Division 1 of the Health and Safety Code, to read:

PART 1.5. CAL-HEALTH ACT

CHAPTER 1. GENERAL PROVISIONS

437. This act shall be known and may be cited as the Cal-Health Act.

437.01. The Legislature finds and declares all of the following:

(a) To address the problem of uninsured Californians who are eligible for existing programs but, due to complex eligibility rules and application procedures and other program inefficiencies, are discouraged from applying and enrolling in those programs, it is necessary to reform those portions of California's health care system that are intended to provide health insurance coverage to the uninsured.

(b) The Legislature intends to accomplish this end by providing easy one-step streamlined access for the currently eligible, but not enrolled, by coordinating the administrative functions of those programs and providing for accelerated enrollment for those programs.

(c) (1) For a person with a family income at or below 250 percent of the federal poverty level, it is the intent of the Legislature that existing Medi-Cal and Healthy Families programs' income and resource methodologies and other eligibility rules and application, enrollment, retention, and seamless bridging procedures shall, to the maximum extent permitted by federal law, be simplified, streamlined, and coordinated through a program known as the Cal-Health Program (Cal-Health). This simplification is required in order to eliminate waste, to remove barriers to enrollment and retention of coverage, and to take full advantage of federal matching funds to cover the cost of providing medical care to California's uninsured.

(d) To ensure that existing programs are used efficiently and to ensure that California uses all available federal matching dollars to cover its uninsured, it is the intent of the Legislature that Cal-Health shall be responsible for creating and implementing programs reaching out to and enrolling individuals and children in the Medi-Cal and Healthy Families programs. To this end, it is the intent of the Legislature that Cal-Health shall work with

1 hospitals, preschools, and elementary and secondary schools, and
2 others to ensure that individuals and children already eligible for
3 these programs enroll and receive benefits.

4
5 CHAPTER 2. ADMINISTRATION
6

7 437.10. (a) The State Department of Health Services shall
8 establish an enrollment and retention program known as
9 Cal-Health. This program shall be a single point of entry, *but not*
10 *the exclusive method of enrollment and retention*, for all health
11 care programs offered by state and local government agencies.

12 (b) The department shall use to the maximum extent possible
13 an electronic enrollment process such as the department's
14 "Health e-App" and may contract for private technology,
15 enrollment, and retention services.

16 ~~(c) The department may use any state government databases to~~
17 ~~identify and locate individuals that may be eligible for, but not~~
18 ~~enrolled in, health care programs. This data base may be~~
19 ~~integrated with other government databases to advance the~~
20 ~~purpose of expanding enrollment.~~